Submission by the Australian Nursing and Midwifery Federation

Response to the PHN Business Model Review and Mental Health Flexible Funding Stream Review Discussion Paper

22 January 2025

Australian Nursing & Midwifery Federation

Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au

Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 326,000 nurses, midwives and care-workers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback on the PHN Business Model and Mental Health Flexible Funding Stream Review.

Overview

The review of the PHN Business Model and Mental Health Flexible Funding Stream is timely and important, given the Federal Government's work on renewing and strengthening Medicare. The Scope of Practice (SOP) review recommends nurses and midwives employed in primary care are supported to work to their full SOP. Primary health care and the contexts in which nurses and midwives work, stretches beyond general practice. Nurse and midwife led models of care offer safe and affordable solutions for people seeking primary health care and as such must be provided additional support by PHNs, including but not limited to funding allocation, assistance with data collection, analysis and evaluation of services.

The ANMF has responded to the discussion paper questions selectively, based on member feedback and drawing on their experience of working in a broad range of primary health care settings and services.

Question One:

ARE THE ROLES OF PHNS CLEAR AND UNDERSTOOD BY STAKEHOLDERS, INCLUDING YOUR OWN ORGANISATION? HOW WILL THE RELATIVE IMPORTANCE OF THE DIFFERENT ROLES NEED TO EVOLVE TO MEET BROADER CHANGES IN HEALTH POLICY AND DELIVERY?

The Australian Government's Department of Health and Aged Care suggests the fundamental roles of a PHN is:

- *To coordinate and integrate local health care services in collaboration with Local Hospital Networks (LHN) to improve quality of care, people's experience and efficient use of resources.*
- *To commission primary care and mental health services to address population health needs and gaps in service delivery and to improve access and equity.*
- *Capacity-build and provide practice support to primary care and mental health providers to support quality care delivery.*[1]

Primary health care nurses and midwives play an essential role in the care and treatment of intermittent and chronic health conditions thereby reducing avoidable emergency department presentations and hospital admissions. To do this, nurses and midwives use their extensive clinical education, knowledge and ability to perform timely person-centred assessments to holistically plan care, treat and evaluate individual care needs, to enhance optimal health outcomes and promote preventative strategies. The work of our members in primary health care must be acknowledged through support by all PHNs. Such support includes establishing and maintaining appropriate education and training opportunities for nurses and midwives employed in PHNs; and ensuring that health information systems are appropriate for the sector and have the capability to support the use of artificial intelligence (AI), health applications for smart phones, virtual care programs and new emerging technologies and approaches. Additionally, strengthening eReferral processes through ongoing professional education and innovation will contribute to ensuring continuity of care that is safe and holistic. Moreover, nurses and midwives should be supported through quarantined work time to access appropriate professional development programs.

The ANMF acknowledges and supports the objective of PHNs of keeping people healthy and well, particularly those living with chronic health conditions including mental illness and reducing preventable hospital presentations in their regions, is clearly understood by stakeholders, however, the adaptation or changes that have occurred since the PHNs' inception are not. For example, during the COVID-19 pandemic, it was not clear from our members perspectives what the PHNs' obligations were and therefore it was difficult to determine whether the PHN obligations were met.

ANMF members report the employment and role of nurses and midwives in primary health care services vary substantially between health districts. Some general practices employ nurses and midwives, whilst others do not. ANMF members report restrictions to their scope of practice (SOP) due to jurisdictional and/or organisational policies and position descriptions. In some instances, nurses and midwives are employed in general practice, only to carry out administrative tasks in that setting which demonstrates an undervaluing of skills, knowledge and experience that nurses and midwives bring to primary health care. Additionally, underutilisation of nurses and midwives skills and knowledge results in poor job satisfaction, increased attrition and reduced recruitment opportunities to the primary health care sector. This is also a lost opportunity to employ the skills of nurses and midwives to improve affordable access to primary health care. This was supported through the SOP review. PHNs must set the standard to ensure that nurses and midwives are working to their full scope of practice, and are able to use their skills, knowledge and expertise to deliver and improve access to primary health care by people living in Australia.

The primary health care setting is diverse and presents unique and complex challenges that require specialist knowledge and skill. The ANMF encourages PHNs to explore ways to support nursing and midwifery staff who are transitioning to practice in the primary healthcare sector, as this currently remains ad hoc. Additionally, PHNs could help promote better pay and working conditions for nurses and midwives, identifying them as fundamental and essential professionals in the sector. Nurses and midwives in primary health care settings receive poor pay comparative to public sector nurses. In order to attract and retain senior, expert nurses and midwives to primary care, salaries and conditions need to be at least on par with the public sector.

The lack of continuity of care exhibited by after-hours primary health care services means that test results and short-term treatment plans are hard to follow-up for both people receiving care and health practitioners. This disjointed care, whilst convenient, can cause confusion and result in people falling through service gaps. Such lack of continuity can impart ineffective health care and suboptimal health outcomes. Ways to streamline follow-up and care-planning should be investigated and supported through the PHNs.

Nurse Practitioners work at an advanced practice level. They can initiate and evaluate care plans, as well as utilise clinical reasoning and diagnostic skills. Nurse Practitioners are integral to improving health outcomes, yet their employment in PHNs and primary health care remains ad hoc. The ANMF encourages employment of Nurse Practitioners within PHNs and primary health care services and the mapping of their services to gather data to assess the importance of their role.

Health vulnerabilities increase concurrently with remoteness. [2] Access to primary health care services is imperative to health and wellbeing and improving health outcomes particularly for those living in rural and remote areas. The ANMF asserts that increasing the nursing and midwifery workforce and supporting nursing and midwifery led models of care in and by PHNs will serve to enhance health outcomes, especially for those living rurally and remotely.

The ANMF recommend the expansion of appropriately funded, primary health, nurse and midwife-led models of care. Governments and PHNs must acknowledge that the delivery of primary health care extends beyond general practice and can be nurse or midwife led. This includes but is not limited to nurse-led walk-in centres, such as those found in the ACT, women's health clinics, sexual and reproductive health clinics, counselling and mental health services. For example, the Queensland Government recently invested in the establishment of integrated health hubs focussed on improving women's and girls' health as part of its Queensland Women and Girls' Health Strategy 2032.[3]

PHN service provision remains poorly structured, particularly in rural and remote communities where services often come and go, making it difficult for people to know exactly what services are available. There is also a significant lack of public awareness in current service provision. Due to this, advertising is integral to increasing service engagement within the community. Furthermore, adequate staffing is a fundamental requirement in ensuring service sustainability and efficiency. Evaluation of nursing and midwifery led services would help to demonstrate outcomes and support ongoing funding. This is something the PHNs Business model should implement and support.

There are multiple stakeholders and organisations operating within the context of health services provision. The establishment of additional organisations to perform the PHN functions, could exacerbate existing concerns regarding disjointed coordination and communication. The ANMF is reluctant to support the involvement of other organisations in the governance of PHNs, particularly private for-profit organisations. Involvement of additional private operators in the provision of health services risks higher costs for the community and a lack of transparency related to allocation of funding and services.

Question 2

IS THE GOVERNANCE OF PHNS AND THE BROADER PHN PROGRAM APPROPRIATE, EFFICIENT AND EFFECTIVE?

The ANMF supports the Department of Health and Aged Care's implementation of the recommendations in the Australian National Audit Office (ANAO) review of the performance management of PHNs.[4] These recommendations will facilitate greater accountability, transparency and community trust to demonstrate if PHNs are effective.

With specific reference to the nursing and midwifery professions, we recommend far greater representation of nurses, midwives and nurse practitioners on all PHN governance committees.

QUESTION 2.1: WHAT CHALLENGES, IF ANY, ARISE FROM PHNS OPERATING AS NON-GOVERNMENTAL ORGANISATIONS (NGOS)? PLEASE PROVIDE EXAMPLES AND SUGGESTIONS FOR ADDRESSING THESE CHALLENGES.

PHNs rely on government funding to meet their contracted obligations. Some PHNs cover large geographical areas, which can be an issue in the commissioning of relevant services to meet the needs of disadvantaged population groups. According to our members, some PHNs do not collaborate or communicate effectively with stakeholders which can result in inconsistencies and poorer health outcomes for certain populations.

In addition to implementing the recommendations of the ANAO (2024) report, the ANMF suggests the Department of Health and Aged Care investigate the adequacy of PHN resourcing and how well it meets the health needs of the communities they serve.

Question Three

DOES THE PHN PROGRAM SUPPORT REGIONAL PLANNING, EFFECTIVE COMMUNICATION AND ENGAGEMENT BETWEEN RELEVANT STAKEHOLDERS?

It is important PHNs are aware of national health agendas and understand the way this impacts their local communities. Imposing nationally driven solutions and strategies is often ineffective and ultimately expensive. The knowledge, skill and experience of those working and living in each PHN should be used to identify and prioritise needs in each community. PHNs should be given additional latitude to liaise with their communities, have access to and review and evaluate local demographic information and supported to implement the most appropriate, sustainable and cost effective strategies for the given population.

QUESTION 3.1: HOW DO PHNS ENGAGE WITH STAKEHOLDERS ACROSS PRIMARY AND ACUTE CARE SECTORS, INCLUDING GPS, ALLIED HEALTH PROVIDERS, LOCAL HOSPITAL NETWORKS (LHNS), STATE DEPARTMENTS, AND COMMUNITY SERVICES? WHAT ASPECTS OF THESE ENGAGEMENT PROCESSES WORK WELL, AND WHERE COULD IMPROVEMENTS BE MADE?

The ANMF supports and seeks active consultation between relevant unions and PHNs. The ANMF offers legal, professional, and industrial advice to PHN nurses and midwives, and as such they must be identified as key stakeholders to PHNs and included in planning, discussions, decisions and consultations.

Question Four

QUESTION 4.2 ARE THERE OPPORTUNITIES TO STREAMLINE CORE ACTIVITIES OR DELIVER THEM MORE EFFICIENTLY, SUCH AS THROUGH SHARED SERVICE ARRANGEMENTS OR SIMILAR MODELS?

When PHNs commission private organisations to provide health services, the ANMF recommend consideration be given to supporting good employer practices and ensuring these organisations provide wages and conditions for health practitioners that are comparable to those available within the public sector.

We endorse the PHN Strategy[5] objective that where practicable, PHNs extend practice support functions or core activities to allied health practitioners, nurse practitioners, nurse and midwifery-led practices and that funding for nurse and midwife-led models of care and service delivery be expanded to improve access and achieve better health outcomes for communities.

Question Five

WHAT IS THE ROLE OF PHNS IN COMMISSIONING SERVICES THROUGH THE MENTAL HEALTH FLEXIBLE FUNDING STREAM WITHIN THE MENTAL HEALTH AND SUICIDE PREVENTION SYSTEM, AND HOW EFFECTIVE HAS IT BEEN? HOW COULD THAT ROLE EVOLVE TO BE MORE EFFICIENT AND EFFECTIVE?

The ANMF advocates for governments to serve as the primary providers of suicide prevention strategies, resources and services, which encompasses the entire spectrum from prevention to intervention and recovery, in addition to the services already available in the private sector. Direct government oversight over suicide prevention enables consistency in clinical standards, equitable access (addressing issues of cost or availability), and dedicated support for geographically isolated communities and high priority and at-risk groups.

Our members tell us that the people most in need of mental health services, experience the greatest difficulty accessing private mental health services due to affordability and waiting times and that the provision of public mental health services is inadequate. Consequently, improving coordination, access, continuity of care and information sharing are key priorities that need to be addressed through PHNs.

The ANMF strongly recommends investment in the training and development of the mental health workforce, particularly mental health nurses. Mental health nurses practice in a range of settings including inpatient, community, support services, emergency departments, correctional facilities, residential aged care facilities, private practice, welfare services, alcohol and drug services, and primary health. We therefore recommend that encouraging and supporting more mental health nurses to enter the workforce and retaining experienced mental health nurses is a priority for PHNs when commissioning mental health services.

The ANMF recommend the PHNs consider strengthening and expanding existing community-based suicide prevention services through initiatives such as:

- Supporting extended-hours mental health services to reduce the number of after-hours emergency department presentations by those already engaged in mental health treatment (through a clinic or a GP) but are unable to reach a suitably qualified mental health practitioner outside of business hours.
- Expanding access to rapid joint response programs (for example, the Mental Health Co-Responder program) to other jurisdictions, where emergency services (police and ambulance) and mental health nurses respond to mental health emergencies to provide on-the-spot and in-home assessment and treatment plans.
- Reviewing caseload management resourcing to enable suicide prevention practitioners to address not only the immediate/crisis needs but also consider the underlying psychosocial factors.

QUESTION 5.3 WHAT CHALLENGES DO PHNS FACE IN DELIVERING IN THEIR ROLE WITHIN THE MENTAL HEALTH AND SUICIDE PREVENTION SYSTEM? HOW CAN THESE CHALLENGES BE ADDRESSED TO IMPROVE OUTCOMES?

Low-cost mental health measures have been adopted in many areas to meet fiscal constraints. These decisions are often at the expense of evidence based, best practices that ensure safety.

Budgetary restraints impact staffing levels and skill mix in community mental health services resulting in reactive care rather than the provision of planning, early intervention and preventative strategies. Additional support is required to ensure best practice approaches, early intervention and the provision of comprehensive community PHN services. PHNs are required to help prevent, where possible, the deterioration of the person to the point where they are in crisis and require higher level services and emergency department presentation or hospital admission. Quality services for those in crisis must also continue to be available. These tiers are the nature of a comprehensive service.

The skill mix in community health teams presents a challenge to communities accessing mental health services. Non-nursing mental health professionals, such as allied health staff, are now employed in public community mental health teams and are required to manage people on complex medication regimes without the education to support and understand medication management, including side effects, complications, or management protocols (for example clozapine). The ANMF is gravely concerned as such poor practice could lead to an extended treatment time, polypharmacy, medication toxicity, or worse fatalities. Our members working in the community have also expressed deep concerns that staff are not being back filled when they go on leave which means increased case loads for remaining staff and reduced access to mental health services by communities. The PHNs could assist in monitoring and education regarding staff numbers and skill mix.

Conclusion

The ANMF appreciates the opportunity to provide feedback on the PHN Business Model and Mental Health Flexible Funding Stream Review. The recommendations outlined above highlight the pivotal role that nurses and midwives play in primary health care and mental health services, particularly in improving access, continuity of care, and health outcomes across diverse populations, including those in rural and remote areas. To enhance the efficiency and effectiveness of PHNs, it is crucial to address current gaps in governance, funding, workforce support, and service delivery models. Prioritising nurse and midwife-led care, ensuring proper representation in decision-making processes, and fostering strong stakeholder collaboration will contribute significantly to achieving equitable, sustainable and high-quality health care for all people in Australia. The ANMF remains committed to supporting the nursing and midwifery professions and looks forward to continued collaboration to strengthen Australia's primary health care and mental health systems.

---

[1] The Australian Government Department of Health and Aged Care. (2024). What Primary Health Networks Do. Accessed 03-01-2025. https://www.health.gov.au/our-work/phn/what-PHNs-do

[2] AIHW. (2024). Rural and remote health. Accessed 03-01-2025. https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

[3] Queensland Health. (2024). Queensland Women and Girls' Health Strategy 2032: Investment Plan. https://www.health.qld.gov.au/system-governance/strategic-direction/plans/women-and-girls-health-strategy

[4] Australian National Audit Office. (2024). Effectiveness of the Department of Health and Aged Care's Performance Management of Primary Health Networks. https://www.anao.gov.au/work/performance-audit/effectiveness-the-department-health-and-aged-cares-performance-management-primary-health-networks

[5] Australian Government (Department of Health and Aged Care). (2024). *Primary Health Networks (PHN) Strategy (2023-24)*. https://www.health.gov.au/resources/publications/primary-health-networks-phn-strategy-2023-24?language=en